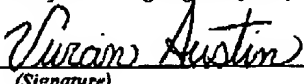


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. APP 1208
Applicant(s): Ricardo V. Martija et al			
Application No. 09/774,976	Filing Date 01/31/2001	Examiner LAZARO, David R.	Group Art Unit 2155
Invention: Method and System for Determining Geographical Regions of Hosts in a Network			RECEIVED CENTRAL FAX CENTER OCT 06 2005
<p>I hereby certify that this <u>Reply to Office Action of July 13, 2005</u> <small>(Identify type of correspondence)</small></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>October 6, 2005</u> <small>(Date)</small></p> <div style="text-align: right; margin-top: 100px;"> <u>Vivian Austin</u> <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small> </div>			
<p>Note: Each paper must have its own certificate of mailing.</p>			

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. APP 1208	
Applicant(s): Ricardo V. Martija et al					
Application No. 09/774,976	Filing Date 01/31/2001	Examiner LAZARO, David R.	Customer No. 09941	Group Art Unit 2155	Confirmation No. 6036

Invention: **Method and System for Determining Geographical Regions of Hosts in a Network**

COMMISSIONER FOR PATENTS:

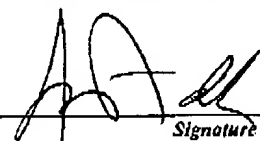
Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	2	22	0	x \$50.00	\$0.00
INDEP. CLAIMS	1	3	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☐ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account
- ☐ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 CFR 1.17.
- ☐ Payment by credit card. Form PTO-2038.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.


Signature

James W. Falk (Reg. No. 16154)
Telcordia Technologies, Inc.
One Telcordia Drive 5G116
Piscataway, NJ 08854-4157
Telephone (732) 699-4545

Dated: October 6, 2005

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

(Date)

Signature of Person Mailing Correspondence

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cc:

Appl. No. 09/774,976
Amdt. Dated October 6, 2005
Reply to Office action of July 13, 2005

APP 1208

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OCT 06 2005

Appl. No. : 09/774,976 Confirmation No. 6036
Applicants : R. V. Martija et al
Filed : January 31, 2001
Title : Method and System for Determining
Geographical Regions of Hosts in a Network
TC/A.U. : 2155
Examiner : David R. Lazaro
Docket No. : APP 1208 US
Customer No. : 09941

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of July 13, 2005, in the above-identified application, please amend said application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 3 of this paper.